Name in Full

Certificate of Death

Robert Scott Atkins

Died at Town: Cambria County: Harford MARYLAND

Date 1898 Month: 10 Day: 1

Age Y.: 0 M.: 6 D.: 25

Native of: Harford Co. Md.

Occupation: —

Male (circled) / Female

White (circled) / Colored

Married / Single (circled) / Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name: Robert S. Atkins

Mother's Name: Celia Guilfoyle

Cause of Death — Primary: Cholera Infantum 82

How long sick: 2 months

Immediate: Diarrhoea

Accident, Suicide, Homicide

Reported by: W. H. McElroy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Robert L. Baker

Died at Town: Abingdon County: Harford MARYLAND

Date 189 Month: October Day: 8th | Age Y. 26 M. D. | Native of | Occupation: Soldier

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Nephritis 97 — How long sick: under my care 7 weeks

Immediate: Uraemic poisoning — Accident, Suicide, Homicide

Reported by William S. Archer M.D.

Address Bel Air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full J. David Beard

Certificate of Death

Died at Town Sandy Hook County Harford MARYLAND

Date 189 8 Month 11 Day 28 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate } How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald - 11-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. Mr. Yoakes - M. E. Church

Replaced Sandy Hook Md.

Did not attend

Name in Full

Certificate of Death

Mrs. Bettie Brashears

Died at Town near Prospect County Harford MARYLAND

Date 189 8 Month 10 Day 6 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Jas. Brashears

Father's Name

Mother's Name

Cause of Death { Primary Apoplexy 42 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Banner of Liberty Liberty Lim

Address # 10-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Clarence William Conrad Bridenbach

Died at Town: Jarrettsville County: Harford MARYLAND

Date 1898 Month: Oct Day: 25 | Age Y. M. D.: 1 | Native of: Md | Occupation: —

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: William Bridenbach | Mother's Name: Julia St Fehrman

Cause of Death: Primary / Immediate: Convulsions 49

How long sick: 2 hours

~~Accident, Suicide, Homicide~~

Reported by: Martin L Jarrett M.D.

Address: Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ann Brown

Died at Town Belair County Harford MARYLAND

Date 1898 Month Day Oct 15 | Age Y. M. D. 75 | Native of England | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ unknown

Husband of Wife unknown

Father's Name unknown Mother's Name unknown

Cause of Death: Primary old age 141 | How long sick 7 days

Immediate | Accident, ~~Suicide, Homicide~~

Reported by Silas Scarboro Mt

Address Belair Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Davis

Certificate of Death

Died at — Town: Highland — County: Harford Co. — MARYLAND

Date 1898 — Month: Oct — Day: 1st — Age: Y. M. D. — Native of — Occupation

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name: James W. Davis — Mother's Name

Cause of Death — Primary: Whooping Cough 7 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Bel Air Times. Oct 8th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Ida Dorsey

Died at Town: Muttonsburg County: Harford MARYLAND

Date 1898 Month: 10 Day: 7 Age Y. M. D.: 19 Native of: Maryland Occupation: Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Albert S. Dorsey

Mother's Name: Annie Dorsey

Cause of Death: Primary: Typhoid Fever 1 How long sick: 3 weeks

Immediate: Sudden Collapse without Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by: Dr E Hopkins

Address: Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Melvin A. Ely

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 1898 Month 10 Day 20 | Age Y. 2 M. 1 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name L. A. Ely

Mother's Name Carrie Ely

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full George Finney

Certificate of Death

Died at Town Benson County Harford Co MARYLAND

Date 1898 Month Oct. Day 30th Age Y. 42 M. D. Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Mollie Ryan Finney

Father's Name

Mother's Name

Cause of Death: Primary Consumption 22.a How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Charles Bagley M.D.

Address Bagley Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mary Alma Garrison

Town

County

Died near Taylor P.O. Harford MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
October	15	Age	6	0	5	Harford Co, Md.	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Birmingham Garrison

Mother's Name Annie Pamelia (Amy) Birmingham

Cause of Death — Primary

Immediate Diphtheria

How long sick 2 or 3 days.

Accident, Suicide, Homicide

Reported by Rev. George K. Warner, Rector of Saint James' Parish, Balto. Co.

Address Monkton, Baltimore County, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Attended by Dr. Smith

of Jarrettsville, Harford County

The undertaker was Mr. Sturgis

of Jarrettsville, Harford County

Information contained in this certificate received from Rev. George C. Cramer

of Baltimore Co, Md. P.O. Monkton.

Name in Full Mary Garrison

Certificate of Death

Died at Town Taylor County Harford MARYLAND

Date 1898 Month Oct Day 15th Age Y. 6 M. D. 5 | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Garrison

Mother's Name Annie Garrison

Cause of Death { Primary 8 a

Immediate Diphtheria

How long sick 8 days

Accident, Suicide, Homicide

Reported by W. L. Smith M.D.

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

Marigold Green

Died at Town: Near Aberdeen | County: Harford | MARYLAND

Date 1898 | Month: Oct. | Day: 5 | Age: Y. 84 M. – D. – | Native of: Va. | Occupation: Farmer

Male | ~~White~~ | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: one

Husband / Wife of: Susan Banks Green

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death:
- Primary: Heart Disease | How long sick: 1 yr
- Immediate: 57 | ~~Accident, Suicide, Homicide~~

Reported by: J H Kinney M D

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full

Certificate of Death

Henry Harlan

Town

Died at near Darlington

County

Harford

MARYLAND

Month Day

Date 1898 Oct 23

Age Y. 53 M. D.

Native of Harford C Md.

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 2

Husband / Wife of Hetty Turner

Father's Name Henry O Harlan

Mother's Name

Cause of Death: ~~Primary~~ Immediate Consumption

How long sick

Accident, Suicide, Homicide

Reported by J H Poole

Address Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Myrtle V. Heaps

Died at Town: Scarborough P.O. County: Harford MARYLAND

Date 189 8 Month: Oct. Day: 28th Age: Y. 10, M. 3, D. 18 Native of: — Occupation: —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name: H. H. Heaps

Mother's Name: Marian V. Heaps

Cause of Death: Primary: Tonsillitis & a

Immediate: Blood poisoning

How long sick: 15 days

~~Accident Suicide Homicide~~

Reported by: J. T. Heaps

Address: Delta. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full

Certificate of Death

Harry Melvin Heaps

Died at Town: Scarborough County: P.O. Hanford MARYLAND

Date 1898 Month: Oct. Day: 28th Age: Y. 11 M. 9 D. 11 Native of — Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name H. H. Heaps Mother's Name Marian V. Heaps

Cause of Death: Primary Membranous Croup How long sick 4 days

Immediate Suffocation

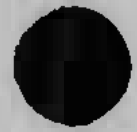
Accident ~~Suicide~~ ~~Homicide~~

Reported by J. J. Heaps

Address Della. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name in Full

Certificate of Death

Salem Dennis Heaps

Died at Town Madona County Harford MARYLAND

Date 1898 Month October Day 14 Age Y. 2 M. 3 D. 20 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

~~Father's~~ ~~Name~~

~~Mother's~~ Name Ida Heaps

Cause of Death: Primary Cholera Infantum 8 2 — How long sick 10 days

Immediate — Accident ~~Suicide~~ ~~Homicide~~

Reported by Dr Frank Turner

Address Black Horse Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Victor King Hoffman

Certificate of Death

Died at Town Emmorton County Harford MARYLAND

Date 189 8 Month Oct Day 1st Age Y. 3 M. 8 D.

Native of

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Abraham Hoffman

Mother's Name Andora

Cause of Death: Primary Diphtheria 8 a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Agis Intelligencer Print. Oct 7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Hannah Ann Jeffrey

Died at Town: Forest Hill County: Harford MARYLAND

Date 189 8 | Month: October | Day: Friday | Age: Y. 75 M. 5 D. 10 | Native of: America | Occupation: Housewife

~~Male~~, Female | White, ~~Colored~~ | ~~Married~~, ~~Single~~, Widow, ~~Widower~~, ~~Divorced~~ | Number of children living 4

Husband / Wife of George Gillet Jeffrey

Father's Name: William Flood | Mother's Name: Harriet Ford

Cause of Death: Primary: Old Age 141 | Immediate:

How long sick: 6 Months

Accident, Suicide, Homicide

Reported by Dr. F. P. Smithson

Address Forest Hill Harford Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEERS

Name in Full Jones

Certificate of Death

Died at Town Forest Hill County Harford MARYLAND

Date 189 8 Month Oct Day 28 | Age Y. 0 M. 0 D. 6 | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Wm. D. Jones

Mother's Name Emily G. Jones

Cause of Death { Primary Mother also died } How long sick

{ Immediate 161 } Accident, Suicide, Homicide

Reported by Aegis & Intelligencer Nov 4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Rev. J. L. Sotheron Nov. 22 Forest Hill x
" S. B. Tredway
" Henry Johnson

Name in Full | Certificate of Death

Wm Annie D Jones

Died at Town Ford Hill County Harford MARYLAND

Date 1898 Month Oct Day 28 | Age Y. 30 M. D. | Native of Md | Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of Wm D Jones 121

Father's Name E T Monks | Mother's Name Ellen Monks

Cause of Death: Primary Uremic Poison | How long sick 5 days

Immediate Puerperal Eclampsia | ~~Accident Suicide, Homicide~~

Reported by O B Carvaud

Address Hickory Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Rosa Jones

Died at Town Lapidum County Harford Co MARYLAND

Date 1893 Month Oct Day 12 Age Y. 13 M. D. Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

Wife of

Father's Name Chas. Jones

Mother's Name Harriet Preston

Cause of Death Primary Typhoid Fever 1

Immediate Intestinal perforation

How long sick 15 days

~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins M.D.

Address Garland Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Willie Novack

Died at Town: Havre de Grace — County: Harford Co — MARYLAND

Date 1898: Month Oct — Day 10 | Age: Y. 1 — M. — D. 7 | Native of Baltimore | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / Widower / Divorced / Number of children living

Husband / Wife of —

Father's Name: Joseph Novack — Mother's Name: Kate Novack

Cause of Death — Primary: Summer Complaint — How long sick: two weeks

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by A C Smithers

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full Ellen J Price

Certificate of Death

Died at Town Havre de Grace County Harford Co MARYLAND

Date 1898 Month Oct Day 18 Age Y. 48 M. 10 D. " Native of Boston Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife Wm L Price

Father's Name Frank McIntosh Mother's Name Martha Mills

Cause of Death Primary Pulmonary Consumption How long sick 9 months

Immediate ~~Accident, Suicide, Homicide~~

Reported by A C Brothers

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

John Ritter

Certificate of Death

Died at Town: Fair Forks County: Harford MARYLAND

Date 1898 Month: Oct Day: 5

Age Y. 67 M. D.

Native of

Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband of Wife

Father's Name

Mother's Name 145 E

Cause of Death: Primary Kicked by a horse — How long sick 10 hours

Immediate

Accident, Suicide, Homicide

Reported by Williamsport Transcript. Oct 8th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Dennis Morris Scarff

Certificate of Death

Died at Town Taylor County Harford MARYLAND

Date 189 8 Month Oct Day 15 | Age Y. 5 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name John Scarff

Mother's Name

Cause of Death: Primary Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by

Address Aegis & Intelligencer Oct 21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full Sarah Smith

Certificate of Death

Died at Town Norrisville County Harford MARYLAND

Date 1898 Month Oct Day 16 Age Y. 82 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 5

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary How long sick

Immediate 161 Accident, Suicide, Homicide

Reported by Aegis & Intelligencer, Oct 21st

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Geneva Sullivan

Died at Town: Van Bibber County: Dorchester MARYLAND

Date 189 8 Month: Oct Day: 17 | Age Y. 0 M. 5 D. | Native of | Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name: Jeremiah Sullivan

Mother's Name: Ella

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer, Oct 20th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 86968

Name in Full

Certificate of Death

Lloyd Tydings

Died ~~in~~ Town 2nd District County Harford County. MARYLAND

Date 1898 Month October Day 24 | Age Y 72 M. years D. | Native of Maryland | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living One

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Bright's 57 — How long sick 2 months.

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by H. B. Rowe M. D.

Address Aberdeen Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full: Wm T Watson

Certificate of Death

Died at — Town: Fallston — County: Harford — MARYLAND

Date 1898 — Month: Oct — Day: 10 — Age: Y. 59 M. 11 D. 13 — Native of: Balto — Occupation: Farmer

Male [redacted] — White [redacted] — Married [redacted] — [redacted] [redacted] — Number of children living: 6

Husband [redacted] of: Elizabeth Amoss

Father's Name: James T Watson — Mother's Name: Ellen Norris

Cause of Death — Primary: Typhoid fever 1 — How long sick: Six weeks

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Cas Collingsworth

Address: Bel air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968